

471 BAY ROAD

~~652~~ SEVENTH ST.

April 2013 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 30, 2013

TO Obadiah Gibson
 471 Bay Road
 Amherst, MA, 01002

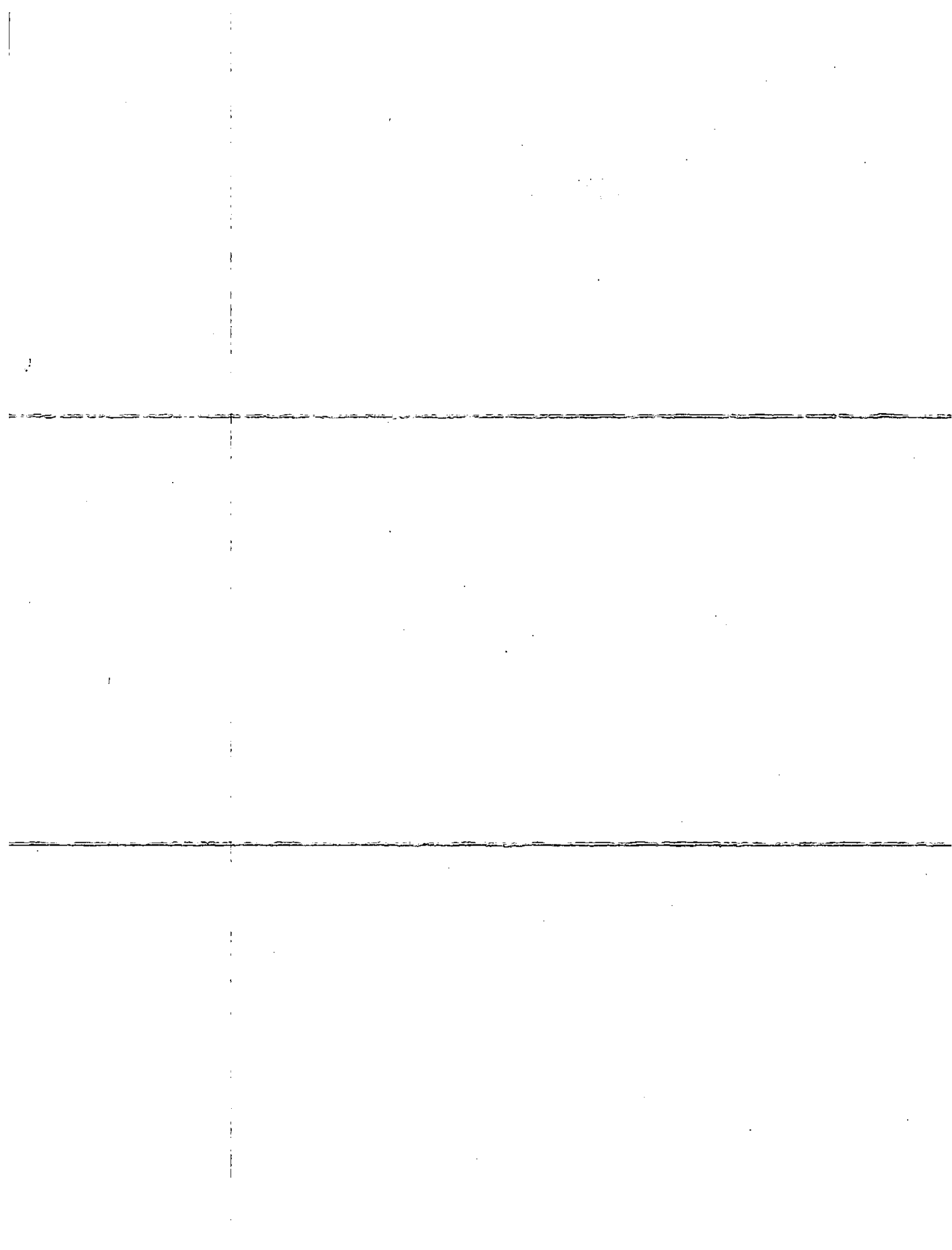
RE: Invoice for Title 5 Witness Fee
 471 Bay Road

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 witness (passed) performed 4/30/2013	\$ 200.00	\$ 200.00
	please send check to address above payable to: Town of Amherst		
	thank you! Ed Smith		
		SUBTOTAL	\$ 200.00
		SALES TAX	
		TOTAL	\$ 200.00

*App - 18387
Batch - 6690*



CUST NAME
4 BOLTWOOD AVENUE
05/31/13
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 13:38

CUST NAME

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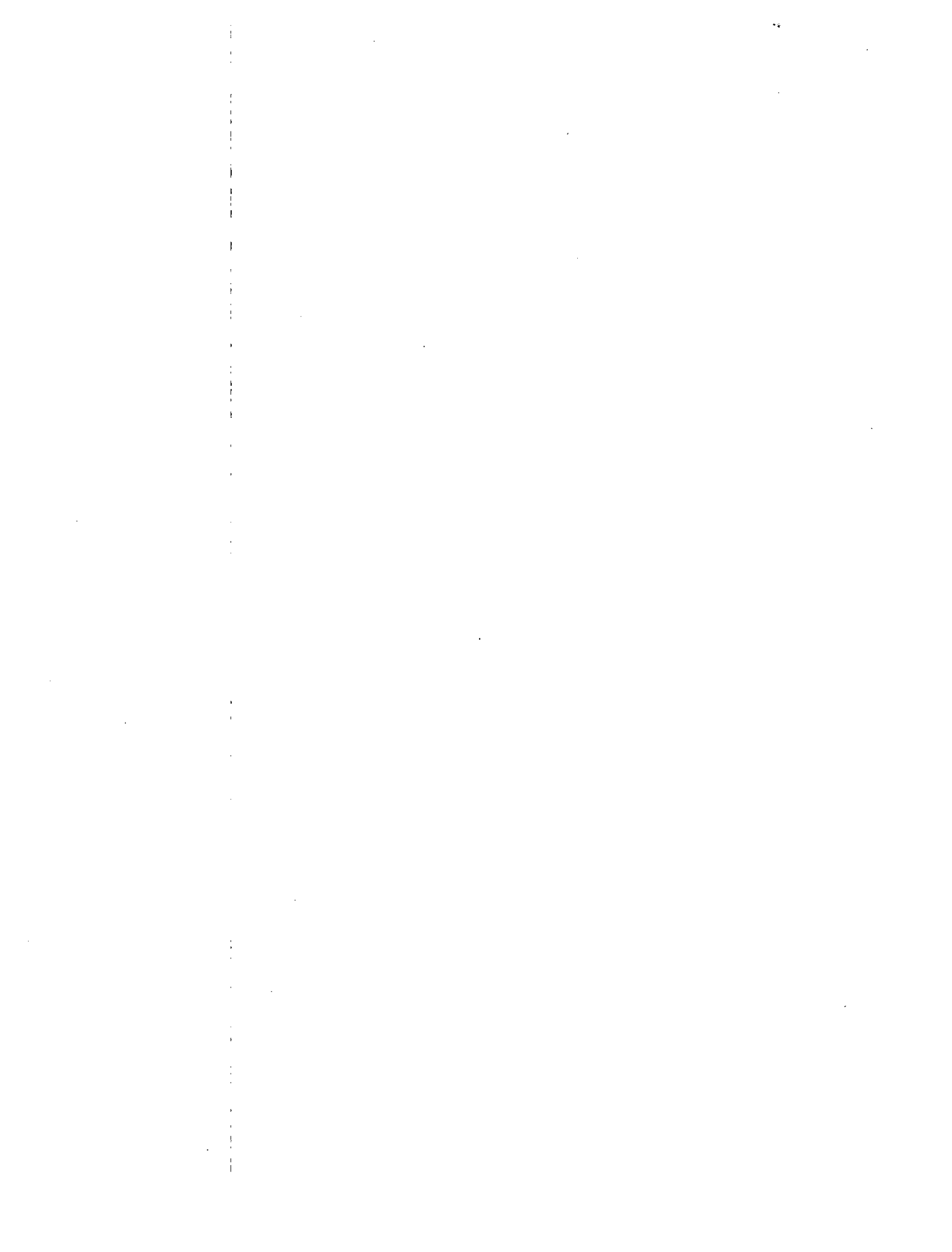
TITLE V WI 200.

RECPT TOTAL

200.00
OBEDIAH D QUA CHECK

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AMOUNT



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70 Boltwood Walk
Amherst, MA 01002

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TO
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471 Bay Road
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SUBTOTAL			\$ 200.00
SALES TAX			
TOTAL			\$ 200.00



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

received
7-8-08

Owner information is required for every page.

471 Bay Road
 Property Address
 Obediah Gibson
 Owner's Name
 Amherst MA 01002 06/19/08
 City/Town State Zip Code Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:
 Robert Nichols
 Name of Inspector
 Roberts Septic
 Company Name
 P.O. Box 1505
 Company Address
 Belchertown MA 01007
 City/Town State Zip Code
 413-636-1389 12709
 Telephone Number License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

- Passes Conditionally Passes Fails
 Needs Further Evaluation by the Local Approving Authority

Robert W. Nichols
 Inspector's Signature 06/19/08
 Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / *always* complete all of Section D

A) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B) System Conditionally Passes:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y, N, ND) in the for the following statements. If "not determined," please explain.

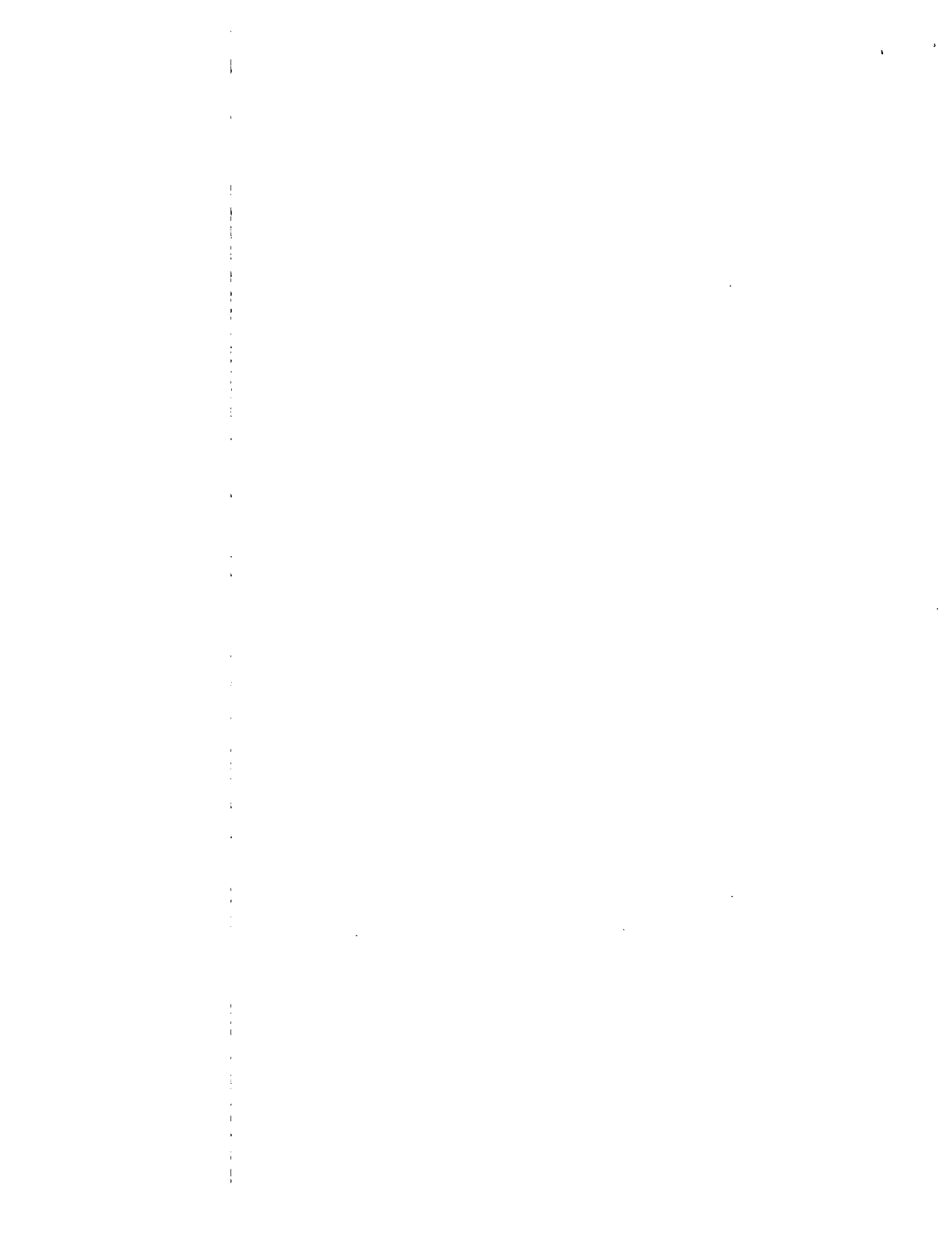
- The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- broken pipe(s) are replaced
- obstruction is removed





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- distribution box is leveled or replaced

ND Explain:

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
- obstruction is removed

ND Explain:

C) Further Evaluation is Required by the Board of Health:

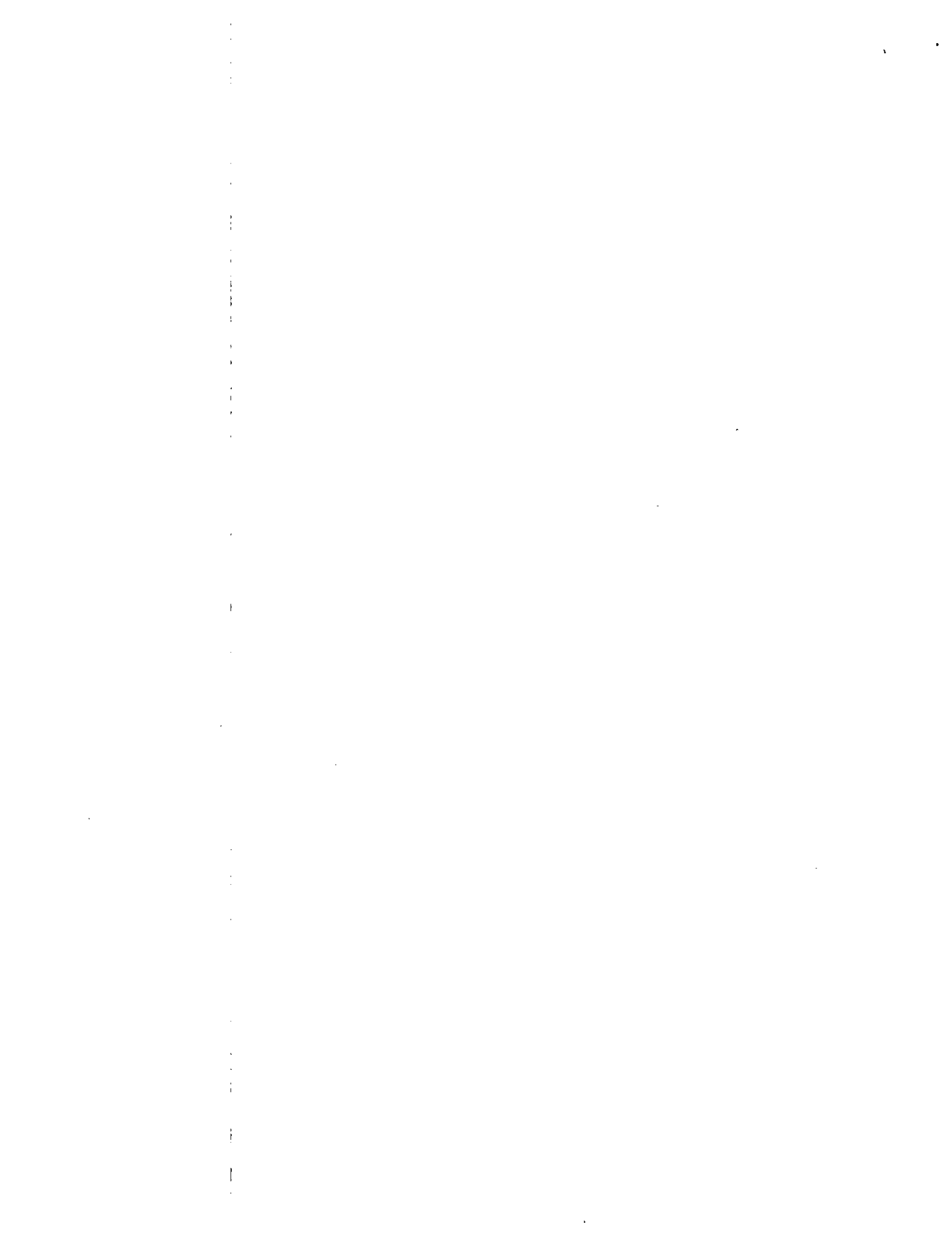
- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.





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B. Certification (cont.)

C) Further Evaluation is Required by the Board of Health (cont.):

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |

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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

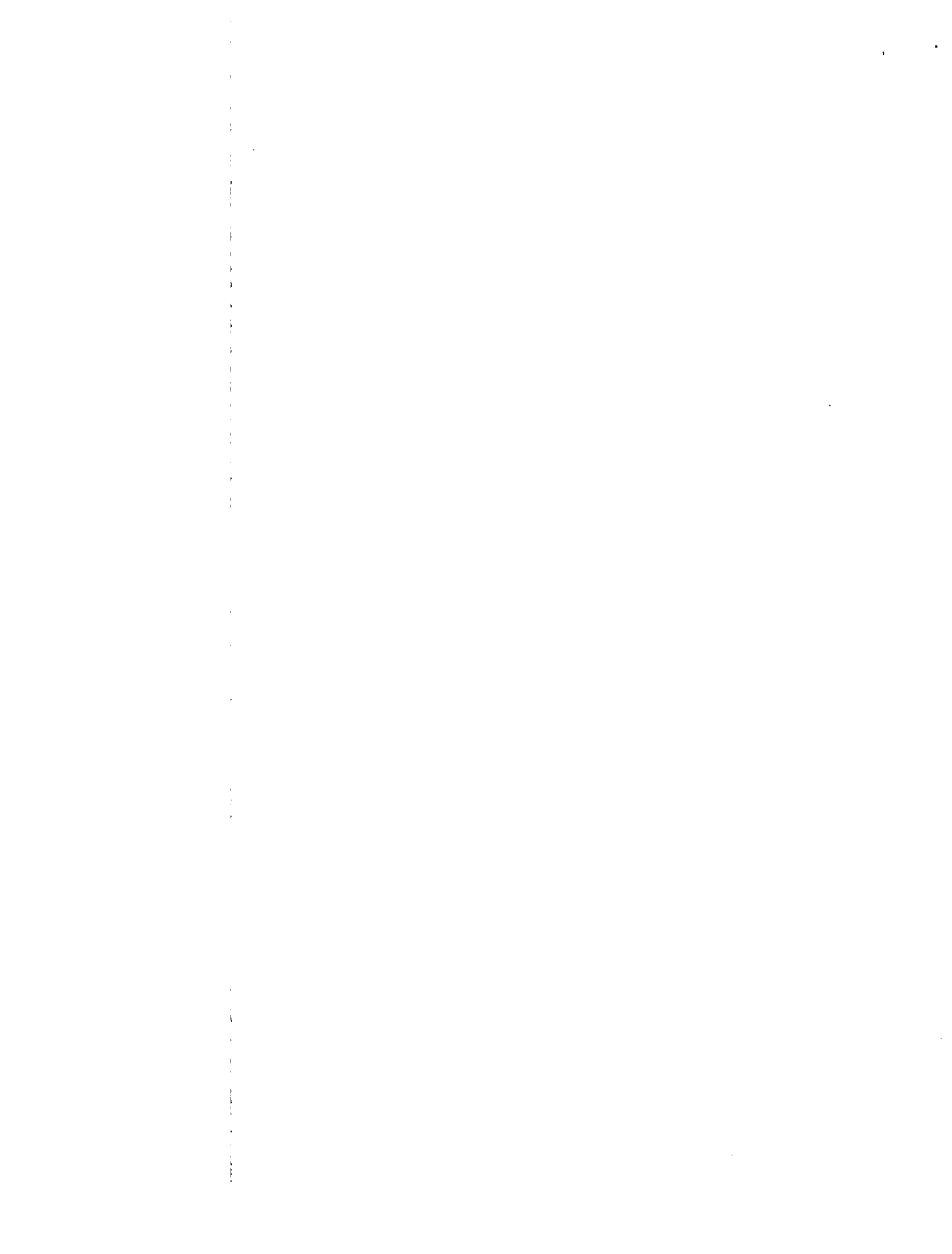
- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





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City/Town

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06/19/08

Date of Inspection

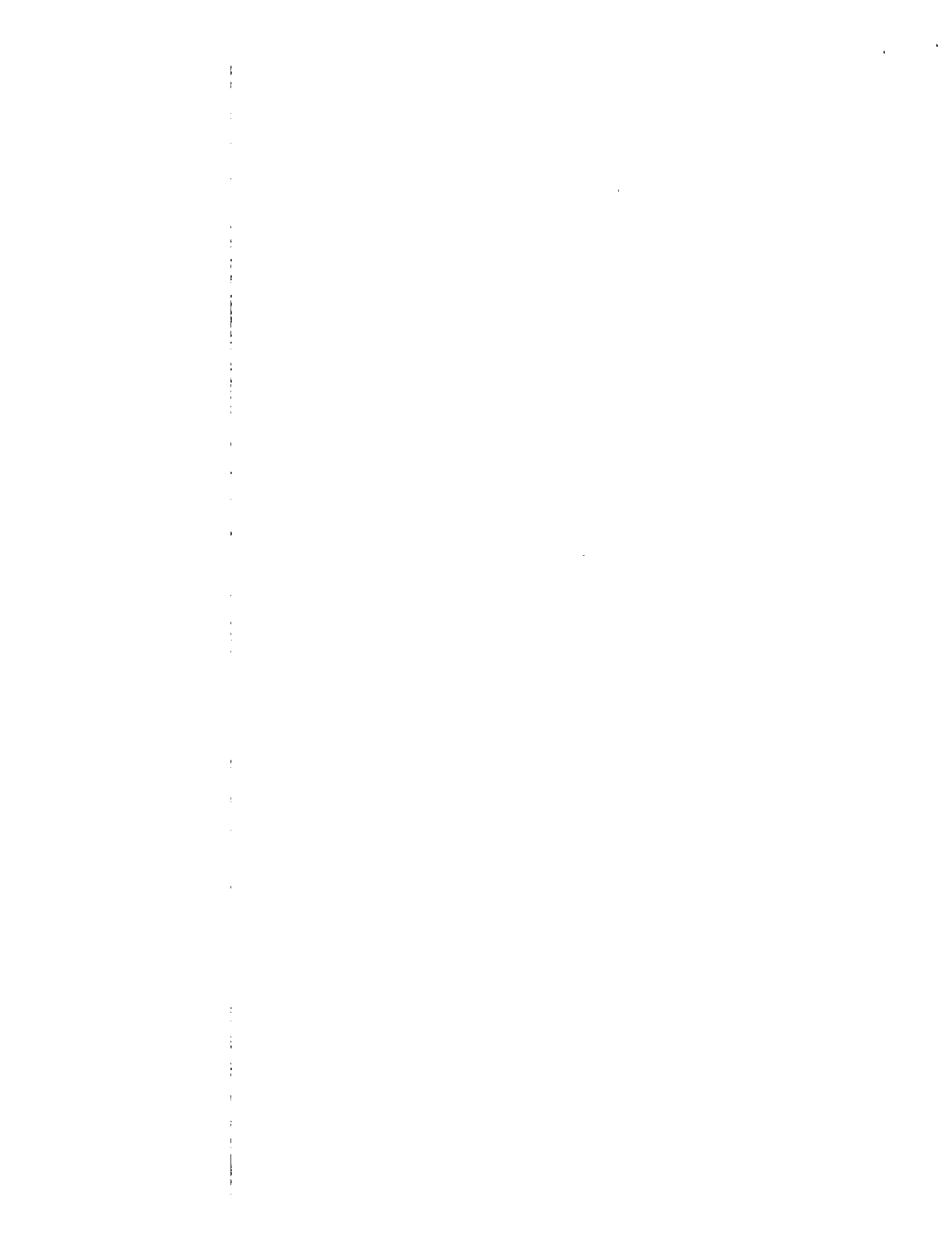
C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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471 Bay Road _____
Property Address

Obediah Gibson _____
Owner's Name

Amherst _____ MA _____ 01002 _____ 06/19/08 _____
City/Town State Zip Code Date of Inspection

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Number of current residents: 2

Does residence have a garbage grinder? Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): no

Sump pump? Yes No

Last date of occupancy: _____
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____
Date

Other (describe): _____

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

471 Bay Road _____

Property Address

Obediah Gibson _____

Owner's Name

Amherst _____ MA _____ 01002 _____ 06/19/08 _____

City/Town

State

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D. System Information (cont.)

General Information

Pumping Records:

Source of information: _____ Home owner _____

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: _____ gallons _____

How was quantity pumped determined? _____

Reason for pumping: _____

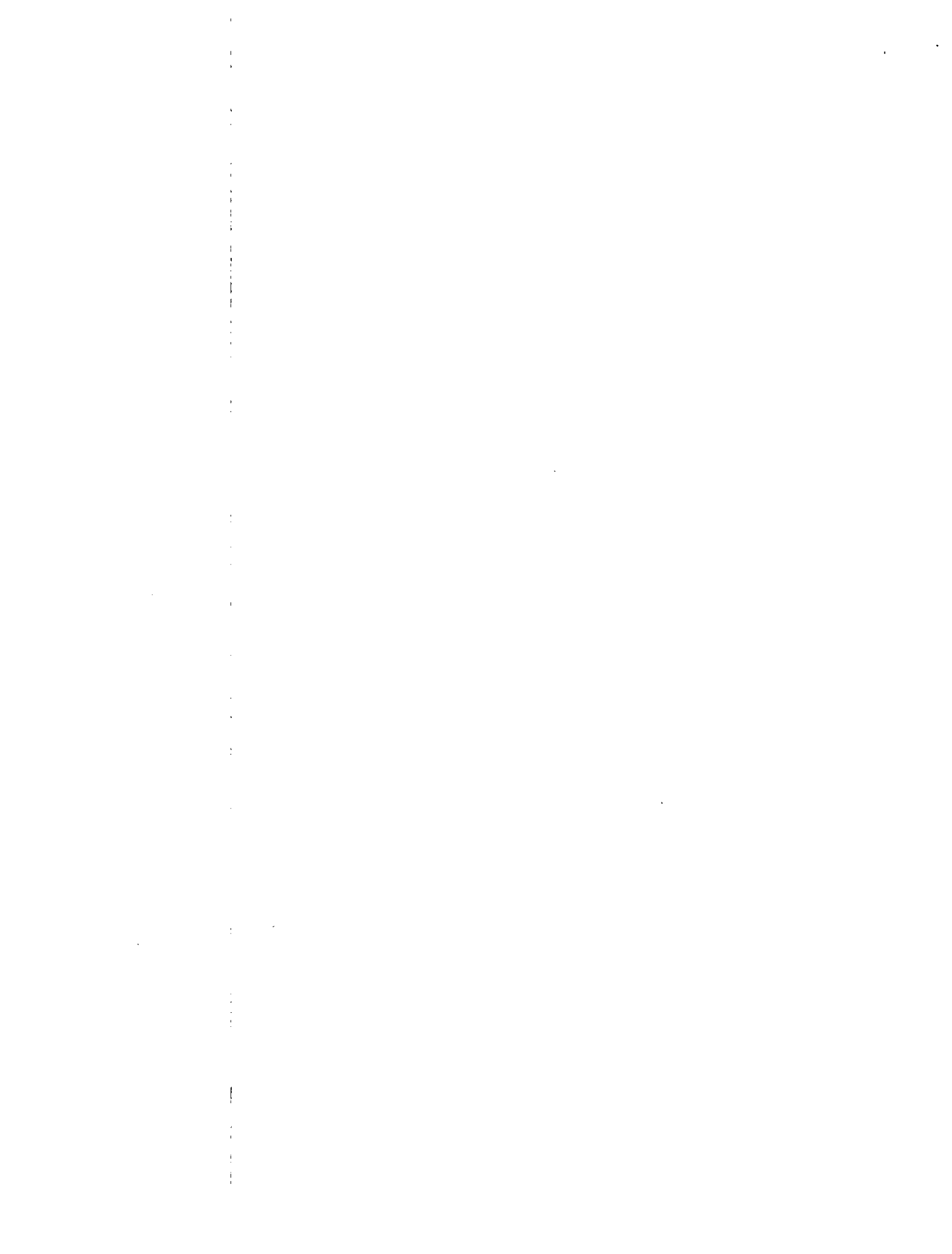
Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- Tight tank. Attach a copy of the DEP approval.
- Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:

Not known _____

Were sewage odors detected when arriving at the site? Yes No





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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade: 6" feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: 1,500 gallon

Sludge depth: 1.5"

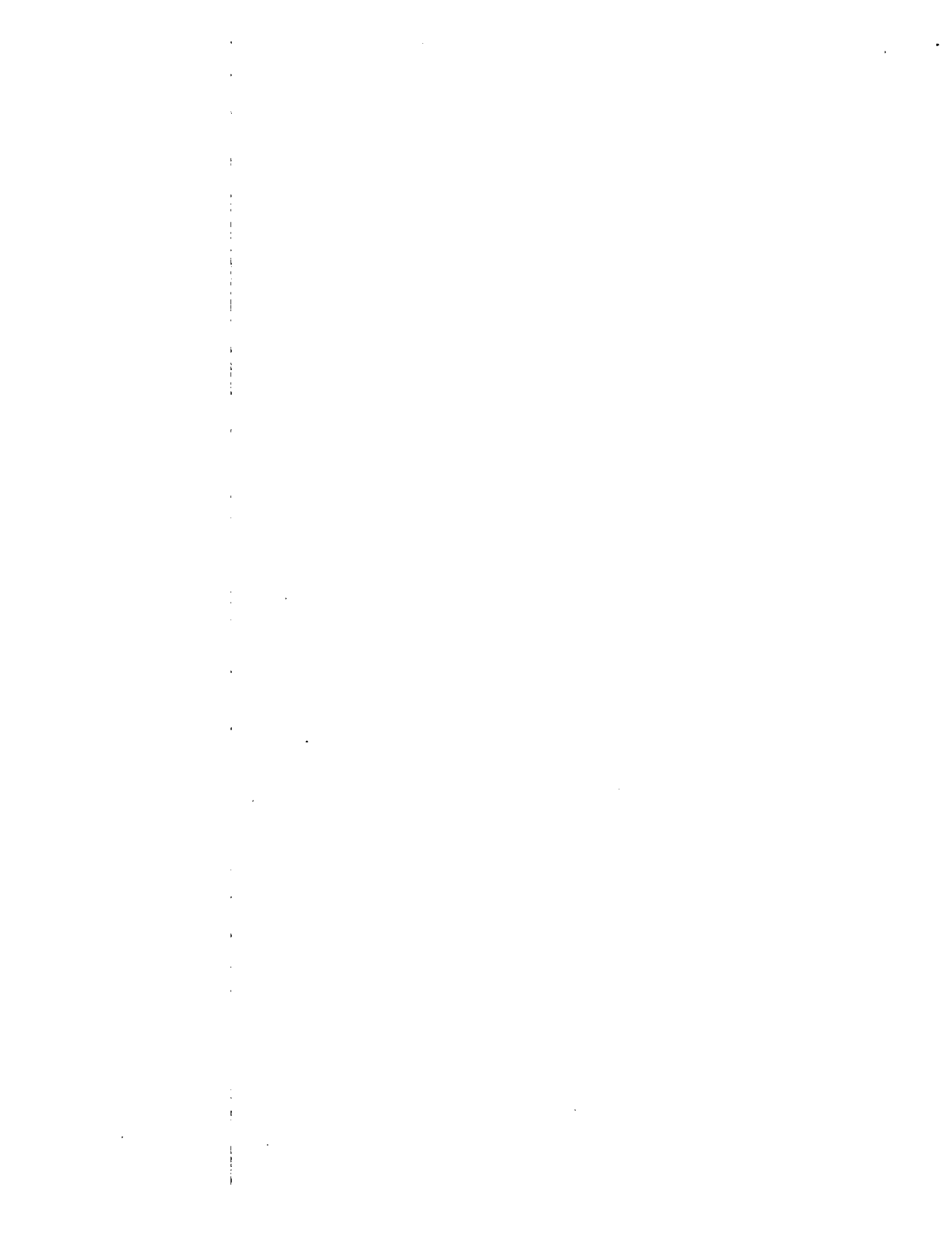
Distance from top of sludge to bottom of outlet tee or baffle 49.5"

Scum thickness 2"

Distance from top of scum to top of outlet tee or baffle 3"

Distance from bottom of scum to bottom of outlet tee or baffle 12"

How were dimensions determined? Title V measurement tools





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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Inlet and outlet tee baffles were in good condition. Structural integrity of tank was good. All liquid levels are at normal operation parameters.

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

Date of last pumping:

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

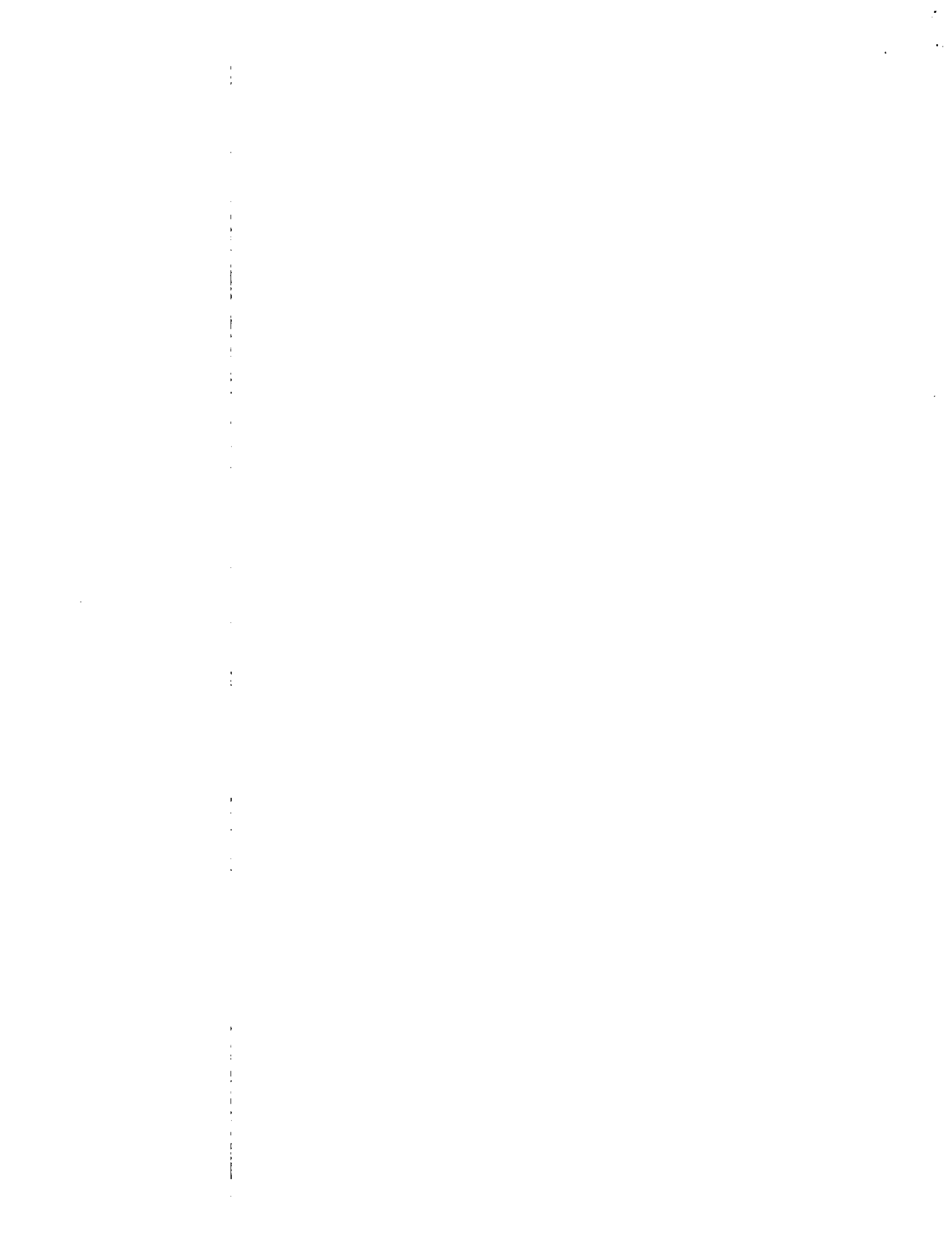
concrete

metal

fiberglass

polyethylene

other (explain):





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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions: _____
 Capacity: _____ gallons
 Design Flow: _____ gallons per day
 Alarm present: Yes No
 Alarm level: _____ Alarm in working order: Yes No
 Date of last pumping: _____ Date
 Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached? Yes No

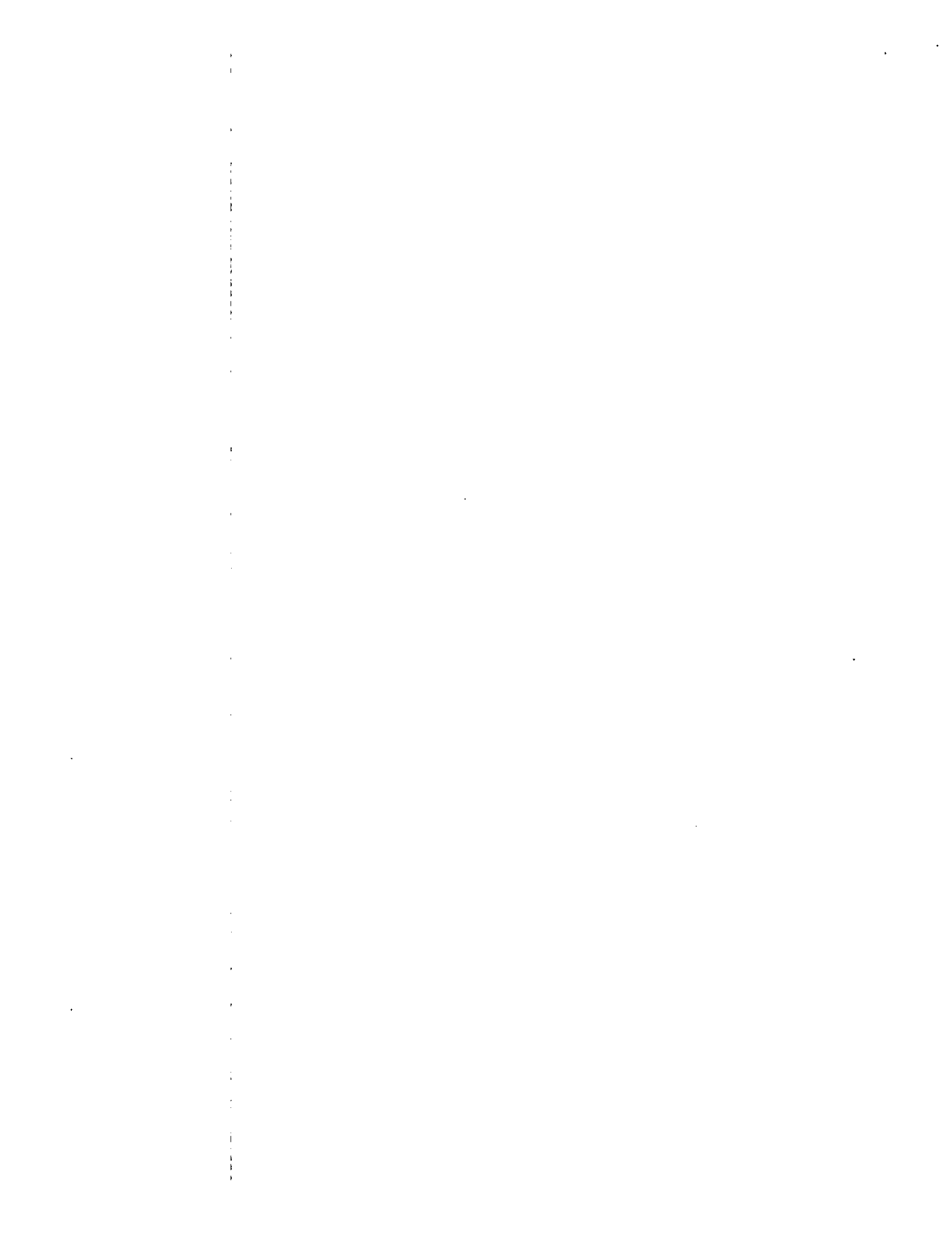
Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert water was even with bottom of outlet invert
 Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

D-Box was in good condition no evidence of solids carryover or leakage.

Pump Chamber (locate on site plan):

Pumps in working order: Yes No
 Alarms in working order: Yes No





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D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 1 @ 20' x 30'
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Condition of soil is good, no ponding or damp soil viewed at time of inspection. Vegetation looked normal.

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D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration _____
 Depth – top of liquid to inlet invert _____
 Depth of solids layer _____
 Depth of scum layer _____
 Dimensions of cesspool _____
 Materials of construction _____

Indication of groundwater inflow Yes No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan):

Materials of construction: _____
 Dimensions _____
 Depth of solids _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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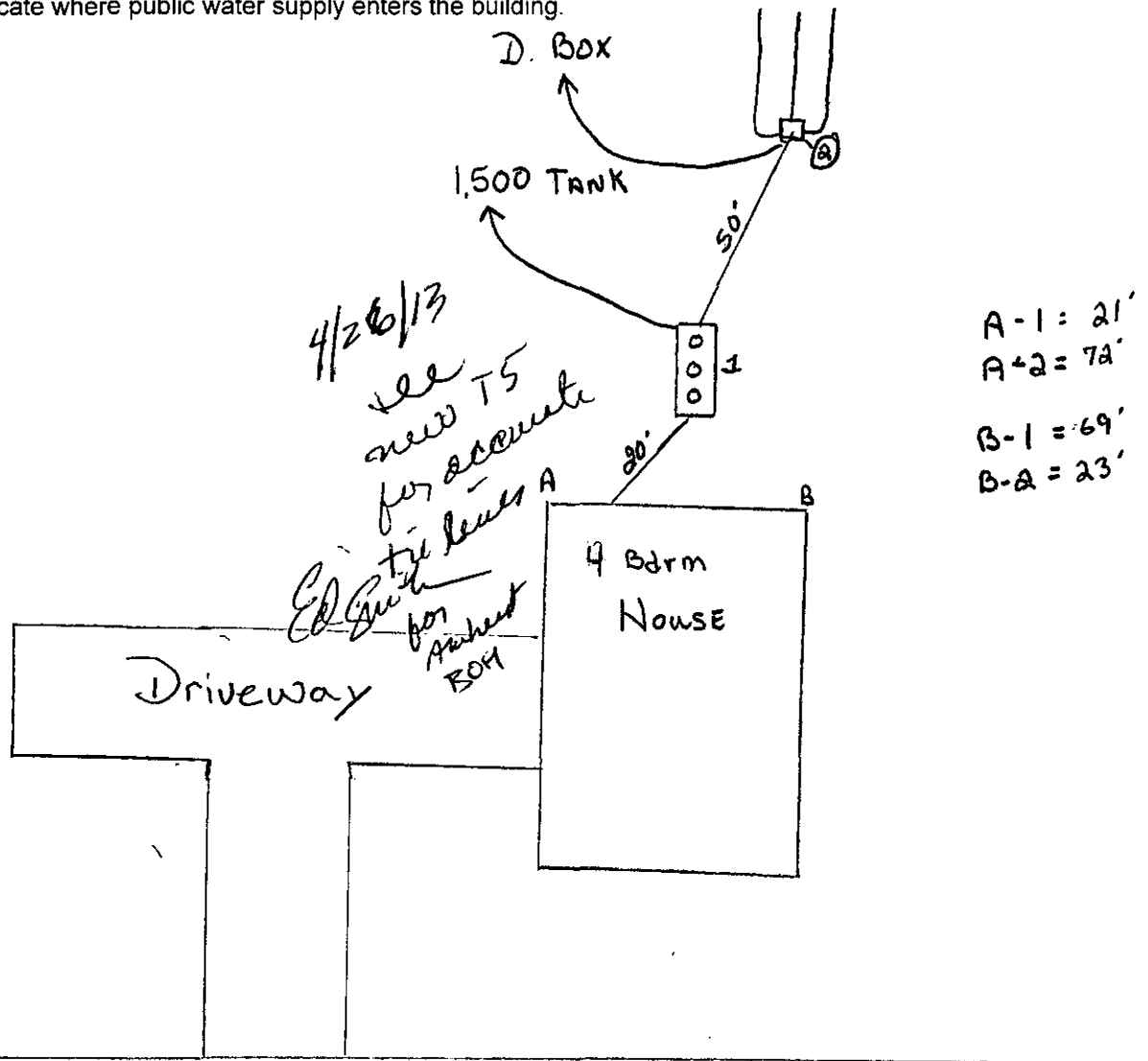
Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

471 Bay Road
 Property Address
 Obediah Gibson
 Owner's Name
 Amherst MA 01002
 City/Town State Zip Code
 06/19/08
 Date of Inspection

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



471 Bay Rd. Amherst MA.

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

471 Bay Road

Property Address

Obediah Gibson

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06/19/08

Date of Inspection

D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

96" none at test depth
feet

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed:

6/19/08
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

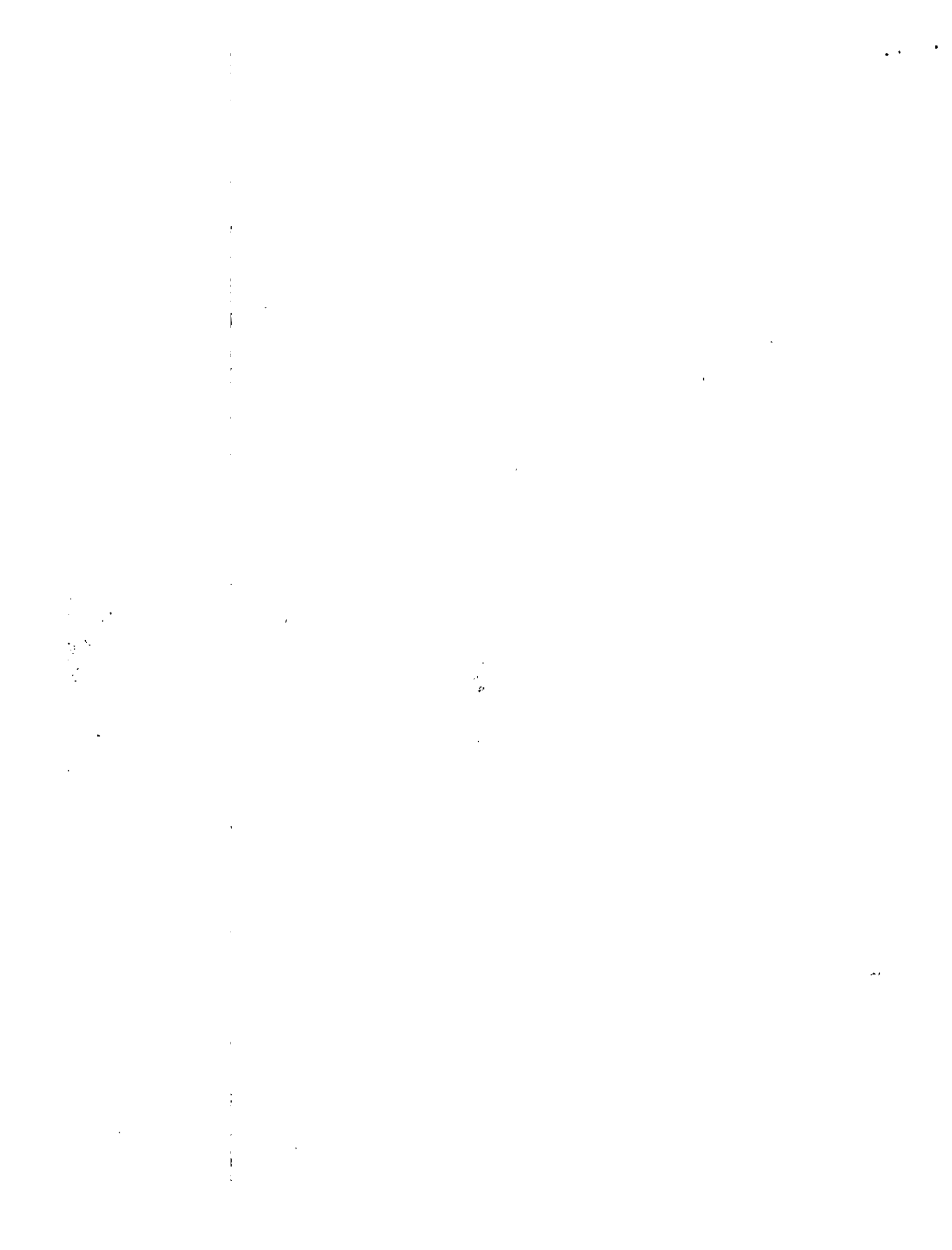
Spoke with Board of Health

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Obtained records from the Town Hall, spoke with the Board of Health and observed site.



CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT				
GIBSON, OBEDIAH D & JOAN A		2	Public Water			Description	Code	Appraised Value	Assessed Value	601 Amherst, MA
471 BAY RD		3	Public Sewer			RESIDNTL	1010	212,700	212,700	
AMHERST, MA 01002						RES LAND	1010	113,600	113,600	
Additional Owners:		SUPPLEMENTAL DATA				RESIDNTL	1010	1,000	1,000	VISION
		Other ID: 26C000140		Precinct		Total				
		Calc Frontag 150		Vote At		327,300				
		BIDIN		Tenant		327,300				
		BIDOUT		Parent						
		GIS ID: 26C-140		Created						
				ASSOC PID#						

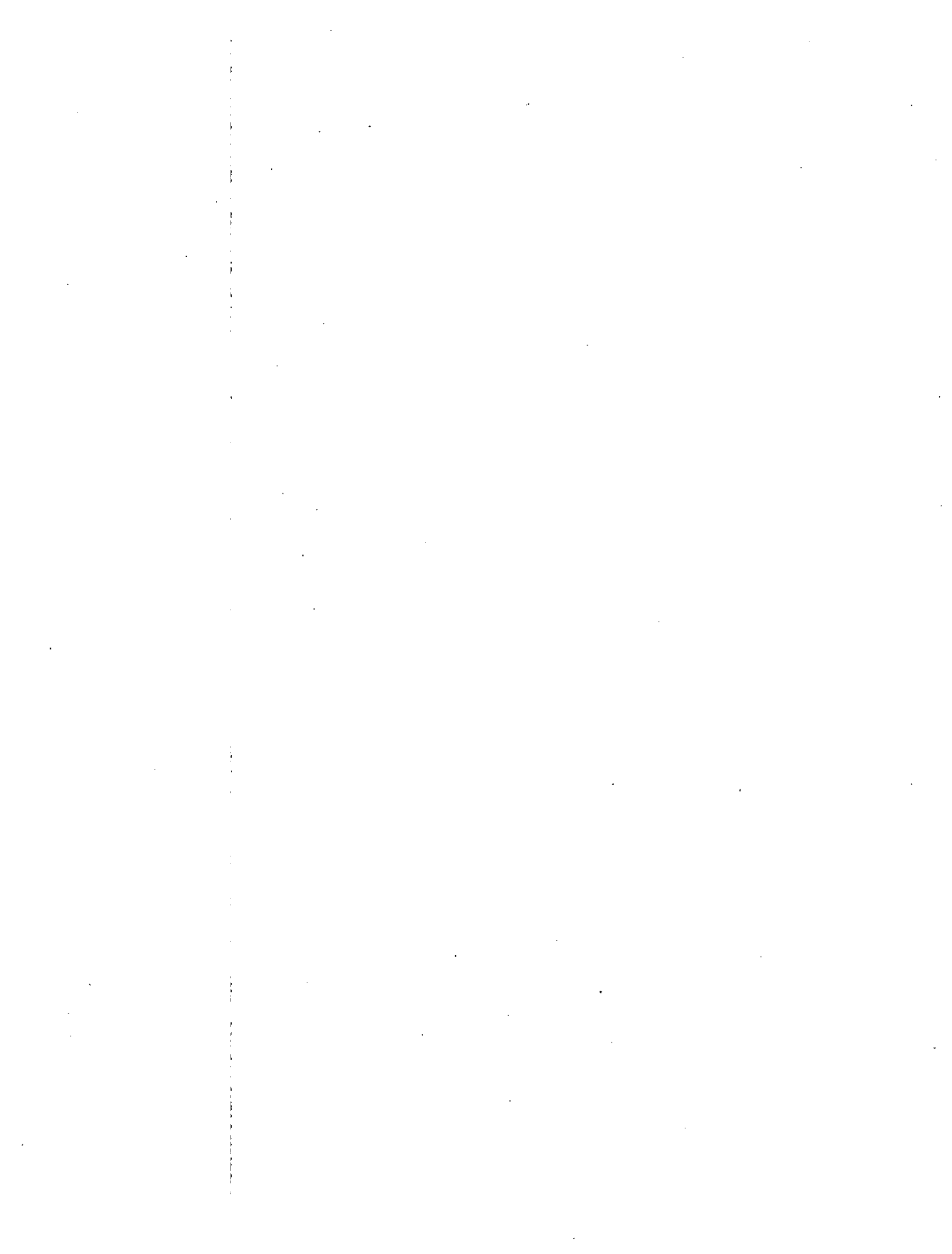
RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	q/u	w/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)									
GIBSON, OBEDIAH D & JOAN A		5191/ 191	09/02/1997	U	1	162,000	10	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	
WILEY, PAUL H & ROMNEY, PATRICIA		3042/ 182	08/20/1987	Q	1	169,500	00	2013	1010	212,700	2012	1010	212,700	2012	1010	212,700	
ABRUZZI, WILLIAM A		2295/ 26	08/16/1982			85,000		2013	1010	113,600	2012	1010	113,600	2012	1010	113,600	
SEIDER, MAYNARD S & JUDITH A		2004/ 188	01/26/1978			54,500		2013	1010	1,000	2012	1010	1,000	2012	1010	1,000	
O'CONNOR, STEPHEN & RUTH E, ETAL		1728/ 123	08/29/1973			54,000		Total:									
MOHAWK COUNTRY ESTATE INC		1618/ 292				0		327,300		327,300		327,300		327,300		327,300	

EXEMPTIONS				OTHER ASSESSMENTS				This signature acknowledges a visit by a Data Collector or Assessor										
Year	Type	Description	Amount	Code	Description	Number	Amount	Comm. Int.										
2008	ER	OWNER OCCUPIED	0															
Total:			0															

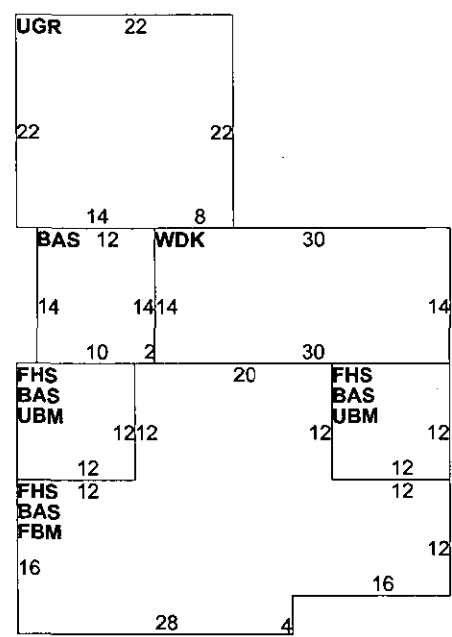
ASSESSING NEIGHBORHOOD					APPRAISED VALUE SUMMARY					
NBHD/ SUB	NBHD Name	Street Index Name	Tracing	Batch						
DS/A										
NOTES										
REMODELED BASEMENT FY93										
FY91B-47										
NEW HEAT & VINYL SIDING										
FYPP										
					Appraised Bldg. Value (Card)					208,900
					Appraised XF (B) Value (Bldg)					3,800
					Appraised OB (L) Value (Bldg)					1,000
					Appraised Land Value (Bldg)					113,600
					Special Land Value					0
					Total Appraised Parcel Value					327,300
					Valuation Method:					C
					Exemptions					0
					Adjustment:					0
					Net Total Appraised Parcel Value					327,300

BUILDING PERMIT RECORD										VISIT/ CHANGE HISTORY					
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Result	
ELE99-548	01/04/1999	EL	Electric	0		0		REPL BTH	07/31/2008			LT	46	Review From Sales Data Sh	
GAS98-120	12/16/1997		GAS	0		0		GAS LOG	10/19/2005			DK	15	Drive By Field Review	
ELE98-471	12/02/1997	EL	Electric	0		0		WIRE OIL	04/03/1998			DB	45	Sales Reinspection D	
781089	05/01/1978			500		0			07/14/1992			EB			

LAND LINE VALUATION SECTION																				
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	L. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value	
1	1010	Single Family	RO30				30,000	SF	4.40	0.8600	3	1.0000	1.00	DS	1.00	LOT 5		1.00	113,500	
1	1010	Single Family	RO31				592	SF	0.12	1.0000	0	1.0000	1.00	DS	1.00			1.00	100	
Total Card Land Units:							0.70	AC	Parcel Total Land Area:0.7 AC							Total Land Value:				113,600



CONSTRUCTION DETAIL			CONSTRUCTION DETAIL (CONTINUED)				
Element	Cd.	Ch.	Description	Element	Cd.	Ch.	Description
Style	04		Cape Cod				
Model	01		Residential				
Grade	13		A-				
Stories	1.5		1 1/2 Stories	Foundation			
Occupancy	1			MIXED USE			
Exterior Wall 1	25		Vinyl Siding	<i>Code</i>	<i>Description</i>		<i>Percentage</i>
Exterior Wall 2				1010	Single Family		100
Roof Structure	03		Gable/Hip	COST/MARKET VALUATION			
Roof Cover	03		Asph/F Gls/Cmp	Adj. Basic Rate:			97.10
Interior Wall 1	05		Drywall/Sheet	Replace Cost			245,750
Interior Wall 2				AYB			1972
Interior Flr 1	12		Hardwood	Dep Code			GD
Interior Flr 2	11		Ceram Clay Til	Remodel Rating			
Heat Fuel	02		Oil	Year Remodeled			
Heat Type	05		Hot Water	Dep %			15
AC Type	06		Partial Air	Functional Obslnc			0
Total Bedrooms	04		4 Bedrooms	External Obslnc			0
Total Bthrms	2			Cost Trend Factor			
Total Half Baths	0			Condition			
Total Xtra Fixtrs				% Complete			
Total Rooms	6		6 Rooms	Overall % Cond			85
Bath Style	02		Average	Apprais Val			208,900
Kitchen Style	02		Modern	Dep % Ovr			0
				Dep Ovr Comment			
				Misc Imp Ovr			0
				Misc Imp Ovr Comment			
				Cost to Cure Ovr			0
				Cost to Cure Ovr Comment			



OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
SHD1	Shed Frame			L	120	8.00	2008		0		100	1,000
FPL2	Fireplace 1.5 S			B	1	3,500.00	1996		1		76	2,700
FPO	Extra Fpl Open			B	1	1,500.00	1996		1		76	1,100

No Photo On Record

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,336	1,336	1,336	97.10	129,720
FBM	Basement, Finished	0	880	308	33.98	29,906
FHS	Half Story, Finished	642	1,168	642	53.37	62,336
UBM	Basement, Unfinished	0	288	58	19.55	5,632
UGR	Garage, Unfinished	0	484	145	29.09	14,079
WDK	Deck, Wood	0	420	42	9.71	4,078
Ttl. Gross Liv/Lease Area:		1,978	4,576	2,531		245,750

